

STATE OF HAWAII—DEPARTMENT OF TAXATION
**EXEMPT ORGANIZATION BUSINESS
INCOME TAX RETURN**

THIS SPACE FOR DATE RECEIVED STAMP



For calendar year **2010**

or other taxable year beginning • _____, 2010
and ending • _____, 20____

DYF101

☐ **AMENDED Return (Attach Schedule AMD)** ☐ **NOL**

• PRINT OR TYPE •	Name of organization	•A Federal Employer I.D. No.
	Dba or C/O	•B Unrelated business activity code(s)
	Address (number and street)	•C Hawaii Tax I.D. No.
	City or town, State and Postal/ZIP code. If this is a foreign address, see Instructions.	D This organization is a (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Charitable Trust

• ATTACH CHECK OR MONEY ORDER AND FORM N-201V HERE •	Taxable Income	ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 990-T. <i>Note: The sum of lines 1 - 5 DO NOT equal line 6.</i>		
		1 Gross receipts or sales	1●	
		2 Returns and allowances	2●	
		3 Cost of goods sold and/or operations	3●	
		4 Capital gain net income (see Instructions)	4●	
		5 Other income	5●	
		6 Total unrelated trade or business income	6●	
		7 Total deductions	7●	
	8 Unrelated business taxable income	8●		
	Tax Computation	9 Tax — From TAX COMPUTATION SCHEDULE on page 2, Part I, line 9	9●	
		10 Tax — From TAX COMPUTATION SCHEDULE on page 2, Part II, line 14	10●	
		11 Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)	11	
		12 Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586)	12	
		13 Recapture of High Technology Business Investment Tax Credit from Form N-318, Part III (attach Form N-318)	13	
		14 Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338)	14	
		15 Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344)	15	
	Total Income Tax	16 Total tax (add lines 9 or 10 and 11, 12, 13, 14 and 15)	16●	
		17 Total refundable tax credits from Schedule CR, line 24	17●	
		18 Line 16 minus line 17. If line 18 is zero or less, see Instructions.	18●	
		19 Total nonrefundable credits from Schedule CR, line 15	19●	
20 Line 18 minus line 19		20●		
21 Credits and payments:				
(a) 2009 overpayment credited to 2010		21(a)●		
(b) Estimated tax payments		21(b)●		
(c) Tax paid with automatic extension of time to file		21(c)●		
(d) Total credits and payments (add lines 21(a) through 21(c))		21(d)●		
22 Estimated tax penalty (see Instructions). Check if Form N-220 is attached		22●		
23 TAX DUE — If line 21(d) is less than line 20, enter amount owed (see Instructions)		23●		
24 If line 21(d) is larger than line 20, enter amount OVERPAID (line 21d minus line 20) (see Instructions)	24●			
25 (a) Enter the amount of line 24 you want Credited to 2011 estimated tax	25(a)●			
(b) Enter the amount of line 24 you want Refunded to you (Line 24 minus line 25a)	25(b)●			
Amended Return	26 Amount paid (overpaid) on original return — AMENDED RETURN ONLY (See Instructions)	26		
	27 BALANCE DUE (REFUND) with amended return (See Instructions)	27		

**ATTACH COPY OF
FEDERAL FORM
990-T**

I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____
★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 4 of the Instructions) ☐ Yes ☐ No
This designation does not replace Form N-848, Power of Attorney.

Please Sign Here	Paid Preparer's Information	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Tax ID No. ●
		Print Preparer's Name			
		Firm's name (or yours, if self-employed)	Federal E.I. No.		
	Address and ZIP Code	Phone no.			



DYF102

Name as shown on return

Federal Employer Identification Number

TAX COMPUTATION SCHEDULE

PART I — Organizations Taxable as CORPORATIONS (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1		
2	Enter the total of other deductions (see Instructions, attach schedule).	2		
3	Difference — line 1 minus line 2	3		
4	Hawaii additions to income (see Instructions, attach schedule)	4		
5	Sum of lines 3 and 4	5		
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6		
7	Difference — line 5 minus line 6 (if less than zero, enter zero)	7		
8	(a) Tax on net capital gain — 4% of amount on line 6	8(a)		
	(b) Tax on all other taxable income — If amount on line 7 is:			
	(i) Not over \$25,000 — Enter 4.4% of line 7	8(b)(i)		
	(ii) Over \$25,000 but not over \$100,000 — Enter 5.4% of line 7 \$ Subtract \$250 and enter difference	8(b)(ii)		
	(iii) Over \$100,000 — Enter 6.4% of line 7 \$ Subtract \$1,250 and enter difference	8(b)(iii)		
	(c) Total of lines 8(a) and 8(b).	8(c)		
	(d) Using the rates listed on line 8(b), compute tax on unrelated business taxable income as shown on line 3..	8(d)		
9	Total tax (enter lesser of amount on line 8(c) or 8(d))	9		

Also, enter this amount on page 1, line 9.

PART II — TRUSTS Taxable at Trust Rates (See Instructions for Tax Computation)

1	Unrelated business taxable income (page 1, line 8)	1		
2	Enter the total of other deductions (see Instructions, attach schedule).	2		
3	Difference — line 1 minus line 2	3		
4	Hawaii additions to income (see Instructions, attach schedule)	4		
5	Sum of lines 3 and 4	5		
6	Net capital gain taxable to the trust. Enter the smaller of line 18 or 19, col. (b), Schedule D (N-40).	6		
7	Difference — line 5 minus line 6	7		
8	Enter the greater of line 7 or \$20,000.	8		
9	Tax on amount on line 8. If line 8 is \$20,000, enter \$1,128.00.	9		
10	Difference — line 3 minus line 7	10		
11	Multiply the amount on line 10 by 7.25%	11		
12	Tax. Add lines 9 and 11	12		
13	Tax on amount on line 5 above	13		
14	Enter the lesser of line 12 or line 13 here and on page 1, line 10	14		

TRUST TAX RATES FOR PERIODS AFTER 12/31/01

If the taxable income is:	The tax shall be:
Not over \$2,000	1.4% of taxable income
Over \$2,000 but not over \$4,000.	\$28.00 plus 3.20% of excess over \$2,000
Over \$4,000 but not over \$8,000.	\$92.00 plus 5.50% of excess over \$4,000
Over \$8,000 but not over \$12,000	\$312.00 plus 6.40% of excess over \$8,000
Over \$12,000 but not over \$16,000	\$568.00 plus 6.80% of excess over \$12,000
Over \$16,000 but not over \$20,000	\$840.00 plus 7.20% of excess over \$16,000
Over \$20,000 but not over \$30,000	\$1,128.00 plus 7.60% of excess over \$20,000
Over \$30,000 but not over \$40,000	\$1,888.00 plus 7.90% of excess over \$30,000
Over \$40,000.	\$2,678.00 plus 8.25% of excess over \$40,000